

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						Feeder Rpt. DDS/OL/BFB 1 <del>DDS/OL/PMS</del> <del>XX</del>	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Program Submission						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
3		yearly		1			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
memorandum		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LN 30-17			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OL/PMS							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
15	13.20	1	=	13.20	1	=	13.20
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						13.20	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
<p>This report relates requirements, accomplishments and progress of the office for the purpose of evaluation of responsibilities and objectives.</p>							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input checked="" type="checkbox"/> OTHER (explain) Expand due to growth of personnel and services MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
8 Oct. 1970		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130013-9 Assistant to C/PMS/OL					